

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 OCT 26 P 12:18

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION
COMMITTEE

ADDRESS (number and street)

621 E McCarty Suite E



Check if different
than previously
reported. (ACC)

JEFFERSON CITY

MO

65101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00157958

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

11

07

2006

In the
State of

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

In the
State of

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LINDA M BELL

Signature of Treasurer

Linda M Bell

Date

10

25

2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

10 01 2006

To:

10 18 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		364.08
(b) Cash on Hand at Beginning of Reporting Period.....	179,164	
(c) Total Receipts (from Line 19)	910.00	566,500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	270,164	60,290.8
7. Total Disbursements (from Line 31).....	881.25	42,086.9
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	18,203.9	18,203.9
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	1,087.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	17,815.9	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

33. Total Contributions (other than loans)
(from Line 11(d), page 3)
34. Total Contribution Refunds
(from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
37. Offsets to Operating Expenditures
(from Line 15, page 3)
38. Net Operating Expenditures
(subtract Line 37 from Line 36)

910.00
00
910.00
00
00
00

5665.00
00
5665.00
00
00
00

26039252378

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☒ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. **U.S. POSTAL SERVICE**

Date of Disbursement

10 / 17 / 2006

Mailing Address

131 W. HIGH

City

JEFFERSON CITY

State

MO

Zip Code

65101

Purpose of Disbursement

POSTAGE ON NEWSLETTER

Candidate Name

MULTI

Category/
Type

Amount of Each Disbursement this Period

881.25

Office Sought:

☒ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: MO

District: 1,2,4,5,6,7

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

881.25

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SAM GRAVES

Nature of Debt (Purpose):

RENTAL FEE FOR
MAILING LIST

Mailing Address

6500 TOWER

City State

KANSAS CITY MO

Zip Code

65152

Outstanding Balance Beginning This Period

1087.00

Amount Incurred This Period

00

Payment This Period

00

Outstanding Balance at Close of This Period

1087.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

1087.00

2) TOTALS This Period (last page this line number only).....▶

1087.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

1087.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JEFF-CITY PRINTING

Nature of Debt (Purpose):

PRINTING OF
SUMMER NEWSLETTER

Mailing Address

1214 INDUSTRIAL DR

City

State

Zip Code

JEFFERSON CITY MO

65109

Outstanding Balance Beginning This Period

178159

Amount Incurred This Period

0.0

Payment This Period

0.0

Outstanding Balance at Close of This Period

178159

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

178159

2) TOTALS This Period (last page this line number only).....▶

178159

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

178159

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 3
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION Comm</i>	FEC IDENTIFICATION NUMBER <i>C 00157958</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>U.S. POSTAL SERVICE</i>		Date <i>10 / 17 / 2006</i>
Mailing Address <i>131 W. HIGH</i>		Amount <i>173.11</i>
City <i>JEFFERSON CITY</i>	State <i>MO</i>	Zip Code <i>65101</i>
Purpose of Expenditure <i>POSTAGE ON NEWSLETTER</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i></i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>JIM TALENT</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>5,232.1</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <i></i>

Full Name (Last, First, Middle Initial) of Payee <i>U.S. POSTAL SERVICE</i>		Date <i>10 / 17 / 2006</i>
Mailing Address <i>131 W. HIGH</i>		Amount <i>118.03</i>
City <i>JEFFERSON CITY</i>	State <i>MO</i>	Zip Code <i>65101</i>
Purpose of Expenditure <i>POSTAGE ON NEWSLETTER</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>1</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>MARK J. BYRNE</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>468.13</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <i></i>

(a) SUBTOTAL of Itemized Independent Expenditures	<i>291.14</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	<i></i>
(c) TOTAL Independent Expenditures	<i>881.25</i>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patricia M. Skain
Signature

Date *10 / 25 / 2006*

26039252382

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 3
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION Comm	FEC IDENTIFICATION NUMBER C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee U.S. POSTAL SERVICE			Date 10 / 17 / 2006
Mailing Address 131 W. HIGH			Amount 118.03
City JEFFERSON CITY	State MO	Zip Code 65101	
Purpose of Expenditure POSTAGE ON NEWSLETTER	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 2
Name of Federal Candidate Supported or Opposed by Expenditure: TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 468.13		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee U.S. POSTAL SERVICE			Date 10 / 17 / 2006
Mailing Address 131 W. HIGH			Amount 118.03
City JEFFERSON CITY	State MO	Zip Code 65101	
Purpose of Expenditure POSTAGE ON NEWSLETTER	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 4
Name of Federal Candidate Supported or Opposed by Expenditure: JIM NOLAND		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 468.13		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	236.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

10 / 17 / 2006

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 3
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION Comm</i>	FEC IDENTIFICATION NUMBER <i>C 00157958</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>U.S. POSTAL SERVICE</i>		Date <i>10 / 17 / 2006</i>
Mailing Address <i>131 W. HIGH</i>		Amount <i>118.03</i>
City <i>JEFFERSON CITY</i>	State <i>MO</i>	
Zip Code <i>65101</i>		
Purpose of Expenditure <i>POSTAGE ON NEWSLETTER</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>5</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>JACOB TURK</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>468.13</i>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>U.S. POSTAL SERVICE</i>		Date <i>10 / 17 / 2006</i>
Mailing Address <i>131 W. HIGH</i>		Amount <i>118.03</i>
City <i>JEFFERSON CITY</i>	State <i>MO</i>	
Zip Code <i>65101</i>		
Purpose of Expenditure <i>POSTAGE ON NEWSLETTER</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>6</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>SAM GRAVES</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>468.13</i>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<i>236.04</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date *10 / 17 / 2006*

26039252384

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri RIGHT TO LIFE FEDERAL POLITICAL ACTION			FEC IDENTIFICATION NUMBER ▼ C 00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice <i>Comm</i>				
Full Name (Last, First, Middle Initial) of Payee U.S. POSTAL SERVICE		Date <div style="display: flex; justify-content: space-around;"><div>MO 10</div><div>DAY 17</div><div>YEAR 2006</div></div>		
Mailing Address 131 W. HIGH		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118.02</div>		
City JEFFERSON CITY	State MO	Zip Code 65101		
Purpose of Expenditure POSTAGE ON NEWSLETTER		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 9	
Name of Federal Candidate Supported or Opposed by Expenditure: KENNY HULSHOF		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">468.13</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee		Date <div style="display: flex; justify-content: space-around;"><div>MO</div><div>DAY</div><div>YEAR</div></div>		
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118.01</div>		
City	State	Zip Code		
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;">118.02</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;"> </div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;"> </div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature _____		Date <div style="display: flex; justify-content: space-around;"><div>MO</div><div>DAY</div><div>YEAR</div></div>		

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>11-25-06</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMB
PREPARER
(3/2005)

11-26-06
DATE PREPARED

2006092321180